STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953384	R 11/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD MANOR	**140 W 28 STREET** **HIALEAH, FL 33010**

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Two Complaints Survey (CCR#2017006416 & 2017004002) Revisit was conducted on 20, 2017. Courtyard Manor Retirement (license # 9753) with Limited Mental Health component had an uncorrected deficiency identified at the time of survey.

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview the facility failed to submit 1 day and 15 day full reports for two out of fourteen (#12 & #13) sampled residents who have a history of .

Findings included:

Record review found Resident #12 in the facility on & and was sent to the hospital. Resident #13 on , , fainted on , on and on then was sent to the hospital. Resident #13's health assessment dated indicated precautions were needed. Resident #13 needed assistance with ambulation, bathing, dressing, self-care ( ) and toileting.

On the administrator stated at 11:58 AM that after the last inspection they had no more . She also stated that she sent the residents to the hospital as a precaution and that is why she had not done the incident reports because she never received the inspection report from and she did not know that she would be cited for not filing the incident reports.

Uncorrected
Class III